

Salem County Department of Health and Human Services
ENVIRONMENTAL DIVISION

110 Fifth Street, Suite 400 – Salem, New Jersey 08079

856-935-7510 ext. 8448 - 856-358-3857

Fax 856-935-8483



MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION

☐ SEASONAL ☐ ANNUAL ☐ TEMPORARY

PART 1 TO BE COMPLETED BY FOOD VENDOR

MOBILE VENDOR BUSINESS INFORMATION

Trading Name of Mobile Vendor: _____
Owner/Corporation: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: (if different) _____
Home Phone#: _____ Cell#: _____ Fax#: _____
Email: _____

Contact Person: _____ Phone#: _____ Cell#: _____
Email: _____

TYPE OF MOBILE UNIT (CHECK ALL THAT APPLY)

☐ Push Cart ☐ Tabletop/Tent ☐ Food Preparation Vehicle ☐ Trailer ☐ Refrigerated Vehicle ☐ Other: _____

| Sanitation/Personal Hygiene | Other Equipment |
|---|---|
| <input type="checkbox"/> Hot/cold Running Water | <input type="checkbox"/> Trash Container |
| <input type="checkbox"/> Freshwater Container _____ gals | <input type="checkbox"/> Sneeze Guards |
| <input type="checkbox"/> Wastewater Container _____ gals | <input type="checkbox"/> Extra Utensils |
| <input type="checkbox"/> Hand Sink w Warm Running Water | <input type="checkbox"/> Covered Containers |
| <input type="checkbox"/> Insulated Container w Free Flow Spout | <input type="checkbox"/> Foil, Plastic Wrap |
| <input type="checkbox"/> 3 Compartment Sink w hot/cold running water | <input type="checkbox"/> Thermometers |
| <input type="checkbox"/> Buckets/Spray Bottles w/Sanitizer | <input type="checkbox"/> Sanitizer/test kit |
| <input type="checkbox"/> Gloves <input type="checkbox"/> Paper Towels <input type="checkbox"/> Soap | <input type="checkbox"/> _____ |

MOBILE FOOD UNIT OPERATION SCHEDULE (CHECK/LIST ALL THAT APPLY)

Where will you serve food: _____

Months: ☐ Events Only (see below) ☐ Every Month of Yr ☐ Selected Months (circle): J-F-M-A-M-J-J-A-S-O-N-D

Days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Times of Operation: M _____ Tu _____ W _____ Th _____ F _____ Sa _____ Su _____

If Temporary/Special Event(s):

Name of Event(s): _____

Days & Times at the Event: _____

Event Contact Person: _____

Email: _____ Phone#: _____

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DESCRIPTION of FOOD OPERATIONS:MENU ITEMS-SOURCE-PREP-HANDLING-STORAGE-EQUIPMT

NO HOME PREPARED FOODS ALLOWED!!! TAKE TEMPERATURES!! YOU MUST HAVE RECEIPTS ONSITE FOR ALL FOOD ITEMS YOU BUY! (copy if additional forms are needed)**

| List EVERY Food & Drink & how many servings of each item | IF this item is PREPARED using RAW ANIMAL or PLANT products, list those ingredients | Where did you buy this item? List STORE,PHONE # &ADDRESS | Prepared at Vending site (V) or Servicing Area (SA)? | Cooked at Vending site (V) or Servicing Area (SA)? | How do you COOK this food item? List EQUIPMENT USED & POWER SOURCE | How do you quickly cool the food item? List COOLING EQUIPMENT USED & POWER SOURCE | How do you keep the food item hot? List HOT HOLDING EQUIPMENT USED & POWER SOURCE (No Sternos) | If reheating item for hot holding, List REHEATING EQUIPMENT USED & POWER SOURCE | How do you keep the food item cold? List COLD HOLDING EQUIPMENT USED & POWER SOURCE |
|---|--|---|--|--|---|--|---|--|--|
| Example: Chicken Tenders,50 | Raw Chicken | XYZ Butcher Shop, 451-0000 # Landis Ave XYZ City, NJ | SA | SA | Oven, Natural Gas | Walk-in Refrigerator, or, Electric | N/A | N/A | Refrigerator, or, Electric |
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|---|--|--|--|--|---|--|---|--|--|
| <i>Example: Chicken Tenders, 50</i> | <i>Raw Chicken</i> | <i>XYZ Butcher Shop, 451-0000 # Landis Ave XYZ City, NJ</i> | <i>SA</i> | <i>SA</i> | <i>Oven, Natural Gas</i> | <i>Walk-in Refrigerator, Electric</i> | <i>N/A</i> | <i>N/A</i> | <i>Refrigerator, Electric</i> |
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PART 2 TO BE COMPLETED BY SERVICING AREA OWNER/MANAGER
SERVICING AREA BUSINESS INFORMATION

Trading Name of Servicing Area _____ Sales Tax ID# _____
Owner/Corporate Name _____
Address: _____
Last Inspection Date _____ Fax # _____

I PROVIDE THE FOLLOWING *FOODS* FOR THIS MOBILE UNIT (CHECK ALL THAT APPLY):

- ☐ Packaged Foods ☐ Water Supply ☐ Prepared Hot Foods ☐ Raw Fruits and vegetables
☐ Beverages ☐ Ice for consumption ☐ Prepared Cold Foods ☐ Raw Meats and/or Seafood
☐ Other _____

I PROVIDE THE FOLLOWING *SERVICES* FOR THIS MOBILE UNIT (CHECK ALL THAT APPLY):

- ☐ Space for the mobile vendor/operator to prepare food at my servicing location
☐ Space for the mobile vendor/operator to store the mobile unit at my servicing location
☐ Utility service (i.e. electric hook-up) for mobile unit while in storage at servicing area
☐ Refrigerated storage of perishable foods (raw fruits & vegetables, etc.)
☐ Refrigerated storage of potentially hazardous food (raw or cooked meat, shellfish, dairy, cooked vegetables, raw seeds or sprouts, cut melons, non-acidified garlic and oil mixtures, etc)
☐ Storage of non-hazardous foods, utensils & equipment
☐ 3 compartment sink for wash, rinse and sanitizing of food contact surfaces
☐ Trash and garbage disposal
☐ Waste water disposal
☐ Grease/oil disposal

THE MOBILE OPERATOR REPORTS TO MY FACILITY (CHECK ALL THAT APPLY):

- ☐ Beginning of the day ☐ End of the day ☐ Other _____
Time _____ Time _____ Time _____
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

I hereby certify that I am familiar with the State law (N.J.A.C. 8:24) requiring that all mobile retail food establishments operate from an approved base location (otherwise known as a “servicing area”) and that all mobile units/vehicles return daily to such location for vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food.

AND

I hereby certify that the above listed information is correct. I also understand that the home preparation and storage of food, or the cleaning of equipment or utensils used in this mobile operation is prohibited as per N.J.A.C. 8:24-3.1 and 8:24-3.2 and is subject to penalties, fines and possible license forfeiture. If any changes in my operation occur, I agree to notify the Health Department immediately.

Servicing Area Owner/Operator (print) _____ Date _____
Servicing Area Owner/Operator (signature) _____

Mobile Owner/Operator (print) _____ Date _____
Mobile Owner/Operator (signature) _____

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Hygiene Plan Affidavit

I, _____ the undersigned, am the duly authorized representative of:

Name and address of Food Establishment

I hereby certify as per NJAC 8:24 – 2 that my food operation complies with the hygiene practices attached to this affidavit.

Please provide a brief description of how your food establishment (mobile food vending operation) complies with the hygiene practice requirements under Chapter 24 of the NJ state sanitary code:

I hereby swear (or affirm) that the statements, brief description made and answered by me are true. I am aware that if any of these statements and brief description made by me is willfully false, then I am subject to criminal prosecution for false swearing; and that filing a fraudulent affidavit could result in the assessment of civil penalties.

Date: _____

(Print Name & Title as the company official)

(Signature)

(Telephone number)

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- ☐ Copy of *New Jersey Certificate of Authority* for mobile vendor/company (sales tax document)
- ☐ Copy of *Driver's License* (for all mobiles regardless of type of unit)
- ☐ Copy of *Vehicle Registration* (for all mobiles regardless of type of unit)
- ☐ **Floor Plan:** sketch/layout/photo diagram of operation showing all equipment, workspaces, restroom
- ☐ **Water Testing Records** (private wells only)
- ☐ Copy of *Food Protection Managers Certification*, if required
- ☐ **Employee Health & Hygiene Written Policy**-include instructions for hand washing, sick employee restriction, smoking, work attire, jewelry & artificial nail and nail polish
- ☐ Copy of **Servicing Area's Last Inspection Report** if NOT inspected by the THIS Health Dept.

ATTACHMENT CHECKLIST (SUBMIT ALL WITH APPLICATION)

BELOW SECTION IS FOR OFFICIAL USE ONLY:

APPROVED: DATE: _____ **EXPIRATION DATE:** _____

Classified Risk Type: ☐ Risk 1 ☐ Risk 2 ☐ Risk 3 ☐ Risk 4 (operations at servicing area only)

Approval Restrictions:

Inspector: _____ Approval Effective Date: _____

DISAPPROVED: DATE: _____

Classified Risk Type: ☐ Risk 1 ☐ Risk 2 ☐ Risk 3 ☐ Risk 4 (operations at servicing area only)

Reasons for disapproval:

Inspector: _____

Mobile Retail Food: Any moveable unit in or on which food or beverage is stored, prepared or transported for retail sale or given away at temporary locations. Self contained mobile unit inspections are conducted at the health department office and at your servicing area. Inspections are valid until December 31, 2014.

Temporary Event Retail Food Establishment: A mobile retail food establishment that operates for a period of **no more than 14 consecutive days** in conjunction with a single event or celebration. This application must be submitted and approved at least 7 days prior to the event. An on-site inspection at the event is performed one hour prior to the start of the event. Approvals expire in 14 days or at the end of the event. An application amendment may be submitted for future events.

| | | | |
|-----------------------------|-----|---------------------|-----|
| Risk (1) application review | \$0 | Risk (1) inspection | \$0 |
| Risk (2) application review | \$0 | Risk (2) inspection | \$0 |
| Risk (3) application review | \$0 | Risk (3) inspection | \$0 |
| Risk (4) application review | \$0 | Risk (4) inspection | \$0 |

FEES: Fees may vary, please check with each health department covering the areas that you are vending.